

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		10-20-99
O.I.P.E. CLASSIFIER	Ann	59029	11/8/99
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	01/01/01
2	02/01/01
3	03/01/01
4	04/01/01
5	05/01/01
6	06/01/01
7	07/01/01
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9	09/01/01
10	10/01/01
11	11/01/01
12	12/01/01
13	01/02/01
14	02/02/01
15	03/02/01
16	04/02/01
17	05/02/01
18	06/02/01
19	07/02/01
20	08/02/01
21	09/02/01
22	10/02/01
23	11/02/01
24	12/02/01
25	01/03/01
26	02/03/01
27	03/03/01
28	04/03/01
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33	09/03/01
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36	12/03/01
37	01/04/01
38	02/04/01
39	03/04/01
40	04/04/01
41	05/04/01
42	06/04/01
43	07/04/01
44	08/04/01
45	09/04/01
46	10/04/01
47	11/04/01
48	12/04/01
49	01/05/01
50	02/05/01

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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